

IS this the Court I Need To file In
help me if you CAN. THANKS A lot

WITNESS STATEMENT

5 : 16-CV-444

PLACE	Baldwin S/P	DATE	10-5-16 2:00	TIME		FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME	Gofor Jeffrey Dale	EMPLOYEE ID NUMBER	STATE ID NO. 684923			
INSTITUTION OR ADDRESS	Baldwin S/P Prisoner Civil Rights 42 USC, 1983					

SWORN STATEMENT

I, Jeffrey Gofor, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
I like to die on 8-30-15

I AM Going to do A Motion For Appointment OF Counsel. I AM level(3) mental Health with AN (8th) grade Special Education Schooling. AN I had A Surgery ON my Brain AND DR King had to Take Some of my Brain out. I HAD A CRANISTOMY. AN DR AKUNWANNE SAID I had PARKINSON 2½ to 3½ years ~~years~~ ago. AN DR KING AN DR AKUNWANNE SAID I had EPILEPSY AN Bipolar AN Old Timer. SO I CAN NOT think good. DR AKUNWANNE SAID 2½ or 3½ years Ago THAT I HAD PARKINSON. But he did not do no test to See. And I ~~would~~ like to have Die on About 8-30-15. So ~~the~~ ~~DR~~ L.T. Ducan take me to medical to help me. But DR. AKUNWANNE did Not help me. If He had did ~~the~~ ~~test~~ he would Seen

~~26 16 5G-16~~ ~~that~~ I had EPILEPSY. I HAVE had my nervous System in my Brain 20.000 nervous cut. I have Periods of memory loss or Confusion. Periods of Blank Staring.

Unresponsiveness to Instructions. Weakness Double VISION AN Trouble Seeing Trouble TALKING, Severe Headache, DIZZINESS. Well

EXHIBIT	INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF	PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____ CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE _____ OF _____ PAGES" WHEN ADDITIONAL PAGES ARE UTILIZED. THE BACK OF PAGE 1 WILL BE LINED OUT. AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

I PrAY the Court will Help me THANKS

IF You have A Book that will tell
me what to do, Send one to me

ATTACHMENT 5
SOP IIB08-0001 (209.04)
04/30/15

STATEMENT CONTINUED.

J.D.G. THANK'S

2017 OCT 11 AM 9:33

I went to Oconee Regional Medical Center
821 North Cobb Street Milledgeville, GA
31061 or you can call 478-454-3565. I
have a loss of feeling on one side of my
face an body. I have muscle jerking on
all part of my body. You can call my sister
Gail or JAY Eldridge Call 706-846-3183. Yes
I had a tumors on my brain. I CAN NOT think
good or spell good. Well I did a grievance's.
AND A Appeal Nub 218930 ON About 6-8-16
co-2 MARY DANZ sent my Appeal off. ALL DR'S
SAY I AM DISABLE for life Permanent Damages.
I have periods of memory loss. I
was in [REDACTED] A, S, M, P,
An [REDACTED] A, M, H. And when I get back to Baldwin
and they gave me Belong's Back I was missing some
I have had about 15 statements from the
4-1-16 to today about 10-5-16 STATEMENTS
So If you have a book will help me [REDACTED] Sent

AFFIDAVIT
Jeffery Geter

HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH

BEGINS ON PAGE 1 AND ENDS ON PAGE 2. I FULLY UNDERSTAND THE CONDITIONS OF THE ENTIRE STATEMENT MADE BY ME.
THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE
STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT,
AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

K-2-14 P.O. Box 218

Jeffery Geter
(Signature of Person Making Statement)

WITNESS

Jeffery Geter 684922

Subscribed and sworn to before me, a person authorized by law
to administer oaths, this _____ day of _____, 20____

Baldwin S/P

Hardwick, GA 31034

(Signature of Person Administering Oath)

Baldwin S/P

P.O. Box 218

(Typed Name of Person Administering Oath)

Hardwick, GA 31034-0218

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE ____ OF ____ PAGES

Will I need to do [REDACTED]

What the Court
Court TELL me